Complete and mail this form, together h appu Box ISSUE FEE Assistant Commissioner for I Weshington, D.C. 20231

| 7 7 |
|-----|
|     |
|     |

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSIE FEE. through 4 should be completed where appropriate. All further correspondence ing the Issue F Receipt, the Patent, advance orders and notification of maintenance fees will be realled to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

main-rance announced raises I within mark-up with any corrections or use Block 1) CURRENT ---

> McGUIREWOODS McGuireWoods LLP

1750 Tysons Boulevard, Suite 1800

ote: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

McLean, VA 22102-4215 Change of Correspondence Address APPLICATION NO.

FILING DATE

TOTAL CLAIMS

**EXAMINER AND GROUP ART UNIT** 

DATE MAILED

09/522,812

026

LEE, B

2632

02/23/01

First Named **Applicant** 

PATTERSON,

35 USC 154(b) term ext. 0 Days.

TITLE OF INVENTION

ANTI-THEFT ALARM FOR PORTABLE COMPUTER

03/10/00

05/15/2001 HTECKLU2 000000% 09522812

ATTY'S DOCKET NO. APPLN. JYRE MALL ENTITY PEELDLIE DATE DUE 3 **340-571.**000 C43 UTILITY YES \$620.00 05/23/01 1. Change of com ss or indication of," Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent McGuireWoods, LLP attorneys or agents OR, atternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a PTO/SB/122) attached. member a registered attorney or agent) and the names of up to 2 registered patent "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filing an assignment. Advance Order - k Copies \_\_\_\_ 10 \_\_\_ . (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to:

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Please check the appropriate assignee category indicated below (will not be printed on the patent)

□ corporation or other private group entity □ government

☐ Issue Fee Advance Order - # of Copies.

DEPOSIT ACCOUNT NUMBER 23-1951 (ENCLOSE AN EXTRA COPY OF THIS FORM)

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date)

roxe R. Coleman

James R. Coleman, (45,793)

5-14-01

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CUREWOODS LLP

TRANSMIT THIS FORM WITH FEE

(REV.10-96) Approved for use through 06/30/99. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE